

**Department of Employee Trust Funds**  
**LOCAL HEALTH INSURANCE ADMINISTRATION MANUAL**

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**CHAPTER 13 — REFERENCE**

**1301 Forms**

**1302 Acronyms**

**1301 Forms**

Forms referenced in this manual are listed in the chart below in numeric order by form number. Refer to Subchapter 109 for information on ordering forms.

<b>Form Number</b>	<b>Form Name</b>	<b>Referenced in Subchapter(s)</b>
ET-1127	WRS Administration Manual	901
ET-1318	Resolution to Withdraw from the Wisconsin Public Employers' Group Health Insurance Program	106
ET-1615	Group Health Insurance Transfer Report	503, 602, 603, 607
ET-1630 ET-1643 ET-1645 ET-1647 ET-1648 ET-1657 ET-1658	Monthly Coverage Report	408, 410, 501, 502, 503, 504, 505, 506, 507, 511, 602, 603, 604, 605, 606, 607, 805
ET-1631 ET-1644 ET-1649 ET-1650 ET-1652 ET-1653 ET-1654 ET-1655	Health Insurance Summary	501, 505, 506, 507, 511, 602, 604, 605
ET-1728	Health Plan Contacts	206
ET-2119	Your Benefit Handbook	109
ET-2128	It's Your Choice	102, 103, 109, 203, 206, 207, 302, 303, 306, 308, 401, 803, 806
ET-2131	Wisconsin Public Employers Standard and SMP Plan	109
ET-2301	Group Health Insurance Application	109, 303, 304, 305, 306, 307, 309, 310, 401, 402, 403, 404, 406, 407, 411, 502, 503, 504, 507, 703, 704, 707, 803, 902, 903, 1001
ET-2304	Life Insurance Application/Cancellation/Refusal	903

Form Number	Form Name	Referenced in Subchapter(s)
ET-2307	Income Continuation Insurance Application	903
ET-2311	Continuation – Conversion Notice	109, 311, 401, 503, 504, 703, 704, 707, 708, 801
ET-2319	Rehired Annuitant Election	901, 902
ET-2325	Converting Your Group Life Insurance to Pay Health or Long-Term Care Insurance Premiums	804
ET-2329	Health Insurance Information Change	109, 406, 407, 408, 409, 707
ET-2343	Initial Offering Group Health Insurance Application	306
ET-2405	Insurance Complaint	104, 105, 109
ET-2610	Monthly Additions Report	306, 401, 501, 502, 503, 504, 505, 507, 511, 602, 603, 604
ET-2612	Monthly Deletions Report	401, 410, 411, 501, 502, 503, 504, 505, 507, 511, 602, 603, 604, 607, 805
ET-2614	Monthly Changes Report	501, 504, 505, 507, 511, 602, 604, 606
ET-4112	Group Health Insurance	801
ET-4307	Medicare Eligibility Statement	606, 802
ET-4814	Employer Verification of Health Insurance Coverage	503, 702, 801, 803, 805, 806
ET-6101	Death Benefits	109

## 1302 Acronyms

The following acronyms are used in this manual:

COB	Coordination of Benefits
COBRA	Consolidated Omnibus Budget Reconciliation Act
EIN	Employer Identification Number
ETF	Department of Employee Trust Funds
FMLA	Family Medical Leave of Absence
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
ID	Identification
LOA	Leave of Absence
LTDI	Long-Term Disability Insurance
PBM	Pharmacy Benefit Manager
PPP	Preferred Provider Plan
SMP	State Maintenance Plan
WPE	Wisconsin Public Employers
WRS	Wisconsin Retirement System